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REF (APPLICATION SER. NO.) 08/80787

DATE 11/10/98

TO Joel Petrocy
NAME/ TELEPHONE NO.

Kullman Inc.
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A/Hn: Joel Petrocy

HAVE A NICE DAY !!

o Extension of time

PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)		Docket Number (Optional)								
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2" style="padding: 5px;">In re Application of</td> </tr> <tr> <td style="padding: 5px;">Application Number</td> <td style="padding: 5px;">Filed</td> </tr> <tr> <td colspan="2" style="padding: 5px;">For</td> </tr> <tr> <td style="padding: 5px;">Group Art Unit</td> <td style="padding: 5px;">Examiner</td> </tr> </table>			In re Application of		Application Number	Filed	For		Group Art Unit	Examiner
In re Application of										
Application Number	Filed									
For										
Group Art Unit	Examiner									
<p>This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a response in the above identified application.</p> <p>The requested extension and appropriate non-small-entity fee are as follows (check time period desired):</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <input type="checkbox"/> One month (37 CFR 1.17(a)(1)) <input type="checkbox"/> Two months (37 CFR 1.17(a)(2)) <input type="checkbox"/> Three months (37 CFR 1.17(a)(3)) <input type="checkbox"/> Four months (37 CFR 1.17(a)(4)) <input type="checkbox"/> Five months (37 CFR 1.17 (a)(5)) <input type="checkbox"/> Applicant is a small entity under 37 CFR 1.9 and 1.27, therefore the fee amount shown above is reduced by one-half, and the resulting fee is: \$ _____ A small entity statement under 37 CFR 1.27: <input type="checkbox"/> is enclosed. <input type="checkbox"/> has already been filed in this application. <input type="checkbox"/> A check in the amount of the fee is enclosed. <input type="checkbox"/> The Commissioner has already been authorized to charge fees in this application to a Deposit Account. <input type="checkbox"/> The Commissioner is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number _____. I have enclosed a duplicate copy of this sheet. </div> <div style="width: 35%; text-align: right;"> \$ _____ \$ _____ \$ _____ \$ _____ \$ _____ </div> </div> <p>I am the <input type="checkbox"/> assignee of record of the entire interest. <input type="checkbox"/> applicant. <input type="checkbox"/> attorney or agent of record. <input type="checkbox"/> attorney or agent under 37 CFR 1.34(a). Registration number if acting under 37 CFR 1.34(a). _____</p> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 45%; text-align: center;"> <hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> Date </div> <div style="width: 45%; text-align: center;"> <hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> Signature <hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> Typed or printed name </div> </div>										

Burden Hour Statement: This form is estimated to take 0.1 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.